

RECEIVED  
COMM. OF ELECTIONS  
2007 JAN 23 P 1:23

**Campaign Finance Section  
Financial Reports**

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:

Committee to Elect John Atkins

Account Number:

Date of this Report:

1-22-07

REPORTING PERIOD:

FROM:

TO:

Check the box that applies to this report:

Primary Election

☐ 8-DAY

☐ 30-DAY

General Election

☐ 8-DAY

☐ 30-DAY

Other Election

☐ 8-DAY

☐ 30-DAY

Special Election

☐ 8-DAY

☐ 30-DAY

Office:

STATE Rep - 41ST

Year End Report



Final Organization Closing

☐

Closing Date:

12-31-06

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

TREASURER SIGNATURE

John Matlock

DATE

1-22-07

CANDIDATE SIGNATURE

John Atkins

DATE

1-22-07



## STATEMENT OF ACCOUNT BALANCE

ACCOUNT #:

REPORTING PERIOD:

11-1-06  
FROM

12-31-06  
TO

1. BEGINNING BALANCE  
(Close Out Balance from last reporting period)

4,825.59

2. RECEIPTS:

- A. SCHEDULE A – TOTAL RECEIPTS  
B. SCHEDULE C-1 – TOTAL IN-KIND CONTRIBUTIONS  
C. SCHEDULE D-1 – TOTAL LOANS RECEIVED  
D. SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS RECEIVED  
E. SUBTOTAL (Total of A, B, C, D)

3,800.<sup>00</sup>

0

0

0

3,800.<sup>00</sup>

3. EXPENDITURES:

- F. SCHEDULE B – TOTAL EXPENDITURES  
G. SCHEDULE C-2 – TOTAL IN-KIND EXPENDITURES  
H. SCHEDULE D-2 – TOTAL LOAN PAYMENTS  
I. SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS PAID  
J. SUBTOTAL (Total of F, G, H, I)

2,368.<sup>50</sup>

0

0

0

2,368.<sup>50</sup>

4. ENDING BALANCE  
(Beginning Balance plus 2E, minus 3J)

6,257.09

5. VALUE OF NON-CASH ASSETS (From Schedule F)  
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)  
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance from Schedule D-2)  
8. CLOSE OUT BALANCE (Must equal zero if Committee closed)

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one vote that started a nation

## SCHEDULE A - TOTAL RECEIPTS

**REPORTING PERIOD:**

TO 12/31/06

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. All receipts from Political Committees must be itemized. NOTE: If you receive funds from the same person or organization several times during the reporting cycle, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

## RECEIPTS OF PERSONS IN EXCESS OF \$100 AND POLITICAL COMMITTEES:

[illegible]

Delaware  
***elections***  
one vote that started a nation

## SCHEDULE B - TOTAL EXPENDITURES

**REPORTING PERIOD:**

11-1-06 12-31-06  
FROM TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount with office sought. NOTE: IF you expend funds to the same person or organization several times during the reporting cycle, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

**EXPENDITURES IN EXCESS OF \$100 AND POLITICAL COMMITTEES:**

[illegible]















## SCHEDULE E - EXPENSE REIMBURSEMENTS

ACCT #:

REPORTING PERIOD:

11/1/06 12/31/06  
FROM TO

All expense reimbursements received by you and paid by you must be itemized.

**REIMBURSEMENTS RECEIVED** (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received

**TOTAL REIMBURSEMENTS RECEIVED**

(REIMBURSEMENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)

**REIMBURSEMENTS PAID** (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Paid

**TOTAL REIMBURSEMENTS PAID**

(REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I)



